## DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

## **Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

## **Facility Information**

Facility Name: CEDAR RIDGE ELDER SERVICES IV (0011518)

Address: 385 ORBITING DRIVE, MOSINEE, WI 54455

**License Status: PROBATIONARY** 

Licensed/Certified/Registered 06/06/2006

Regional Office: NORTHERN REGION (RHINELANDER), (715) 365-2800

## **Survey History**

Survey ID: 0097117 End Date: 05/31/2006 Type: INITIAL Purpose: CHOW--DESK REVIEW

**Results:** PROBATIONARY LICENSE ISSUED

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